PATENT APPLICATION SERIAL NO.	APPLICATION SERIAL NO.
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## U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

05/20/2004 HLE333 00000068 090456 10709644

01 FC:1001 02 FC:1201 03 FC:1202

770.00 DA ~ 86.00 DA 216.00 DA

PTO-1556 (5/87)

## Electronic Filing System (EFS) Data **Electronic Patent Application Submission USPTO** Use Only

EFS ID:

61225

Application ID:

10709644

Title of Invention:

SILICON-GERMANIUM EPITAXIAL

YIELD IMPROVEMENT IN

**GROWTH** 

First Named Inventor:

Mark Dupuis

Domestic/Foreign Application: Domestic Application

Filing Date:

2004-05-19

**Effective Receipt Date:** 

2004-05-19

Submission Type:

**Utility Patent Filing** 

Filing Type:

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Confirmation-number:

3643

Attorney Docket Number:

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Total Fees Authorized:

1112.0

Payment Category:

**Deposit Account** 

**Deposit Account Number:** 

90456

**Deposit Account Name:** 

William D. Sabo

**RAM Payment Status:** 

RAM has not been processed

Digital Certificate Holder: cn=William D. Sabo,ou=Registered Attorneys,ou=Patent and Trademark

Office,ou=Department of Commerce,o=U.S. Government,c=US

Certificate Message Digest: 442b056c4c53e8bbc96344709481727cdc7afcdc

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1	
ı	10209/060

CLAIMS AS FILED - PART I								SMALL I	ENTITY	•	OTHER	R THAN	
	·		(Column 1)		(Column 2)			TYPE				ENTITY	
TOTAL CLAIMS 52.							RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
T	OTAL CHARGE	ABLE CLAIMS	32 minus 20=		· 12			XS 9=		OR	X\$1.8=	216	
INDEPENDENT CLAIMS				# minus 3 = *				X43=		OR	X86=	86	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	1	OR	+290=		
* 1	f the difference	e in column 1 is	less than z	ero, enter	"0" in d	column 2	į	TOTAL	1	OR	TOTAL	1120	
:	CLAIMS AS AMENDED - PART II								<b>L</b>		OTHER	THAN	
1,1	4,21,28	(Column 1)		(Column 2) (Column 3				SMALL	ENTITY	OR	SMALL		
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	01.414	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
											TOTAL		
ADDIT. FEE										<b>]</b> O.,	ADDIT. FEE		
		CLAIMS		HIGHE		(Column 3) I	1 -		455	1 1		4551	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	l	X\$ 9=		OR	X\$18=		
١ME	Independent	*	Minus	***	_	=	╽┟	X43=		l t	X86=		
9	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		ŀ	7.10-		OR	X00=		
								+145=		OR	+290=	. •	
		•				,	. A[	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	n 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	trik		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=			X86=		
	FIRȘT PRESE	$\vdash$			OR	7,00-							
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·	
** [	the "Highest Nur	nber Previously Pa	id For IN THIS	S SPACE is I	ess than	20 enter "20 "	AD	TOTAL DIT. FEE	. ,	OR A	TOTAL DDIT. FEE		
***If the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, enter *3.*  The *Highest Number Previously Paid For* (Total or Independent) is the highest number found in the appropriate box in column 1.													